

OSAH FORM 1

(This form replaces DFCS Form 166)

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE DFCS	CASE CODE TIFS	DOCKET NUMBER	COUNTY	AGENCY
---------------------------------	----------------------------	--------------------------	---------------	--------	--------

USE ONLY FOR THE TAX INTERCEPTS (TIFS)

CLAIMANT'S COUNTY OF RESIDENCE: _____

Date notice of adverse action issued: _____

REGULATION(S) APPLIED: SOCIAL SERVICES MANUAL, Chapter(s) _____ Section(s) _____

Date DFCS received Claimant's request for hearing: ☐ Oral on _____ ☐ Written on _____

DFCS Case Number: _____

CLAIMANT

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	DOES THE CLAIMANT UNDERSTAND ENGLISH? G YES G NO IF NOT, SPECIFY LANGUAGE:	IS CLAIMANT APPEALING OTHER PUBLIC ASSISTANCE MATTERS THAT SHOULD BE CONSOLIDATED FOR HEARING WITH THIS CASE? G YES G NO, IF YES, PLEASE CHECK G TANF GFS G MEDICAID
ATTORNEY NAME:	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR #:	EMAIL:
PERSONAL REPRESENTATIVE NAME. PARALEGALS MAY BE A REPRESENTATIVE.	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	RELATIONSHIP TO CLAIMANT	EMAIL:

LOCAL DFCS OFFICE

NAME OF OFFICE:	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE:	CASEWORKER'S NAME: EMAIL:	CASEWORKER'S DIRECT TELEPHONE NUMBER: EMAIL:
	SUPERVISOR'S NAME: EMAIL:	SUPERVISOR'S DIRECT TELEPHONE NUMBER: EMAIL:

INDICATE DOCUMENTS ATTACHED:

- ☐ Notice of action issued, either a copy of summary determination or a copy of the contents of the notice
☐ Claimant's written hearing request
☐ Other: (please specify document) _____